

**REHABILITATION RESEARCH AND DEVELOPMENT SERVICE  
PILOT PROPOSAL REVIEW FORM**

**OFFICE OF RESEARCH AND DEVELOPMENT  
DEPARTMENT OF VETERANS AFFAIRS**

Date Sent: \_\_\_\_\_

Due Date: \_\_\_\_\_

Fax to: (202) 275-7228

Please number your pages  
(i.e. 1 of 3, 2 of 3, 3 of 3)

Save a Copy of Your Review

Proposal #: \_\_\_\_\_ VA Medical Center: \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

Title: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_ Primary/Secondary  
(please print) (circle one)

Reviewer's Address: \_\_\_\_\_

Reviewer's Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Reviewer's E-mail: \_\_\_\_\_

RECOMMENDATION: Approval: \_\_\_\_\_ Disapproval: \_\_\_\_\_ (no score)

Programmatic Relevance:	Score: _____	Combined Score
Scientific and Technical:	Score: _____	(average of both): _____

10 - 15	Exceptional
16 - 22	High
23 - 34	Moderate
35 - 50	Marginal - Low

Reviewer's Signature: \_\_\_\_\_

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Please follow the outline below. Note that your review will be provided to the applicant. Therefore, please do not include in the body of your review any information that identifies you. Also, please try to present your critique in constructive language. Attach the original of this form to the front of each written review.

1. DESCRIPTION (If you are primary reviewer, only. Maximum one-half page)

2. CRITIQUE

- a. Scientific Contribution – Is this Work \_\_\_\_\_ original, or \_\_\_\_\_ confirmatory
- b. Adequacy of Design/Methods
- c. Feasibility
- d. Other